



Information Providers Can Use on:

FINDING FORMULARY, EXCEPTIONS, AND APPEALS INFORMATION ON THE WEB

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Medicare provides information and tools for providers 24 hours a day on the web. For information about Medicare drug plans' formularies, exceptions, and appeals, visit www.cms.hhs.gov/PrescriptionDrugCovGenIn/04_Formulary.asp on the web. Under "Downloads" or "Related Links Inside CMS," select one of the following headings:

- "View the Complete Formulary for a Plan"—Select this heading to access a drug formulary tool on Medicare's website. Use this tool to find out if a specific drug is available on a plan's formulary, or to view the website (which includes the complete drug formulary) for Medicare drug plans in your state. You can also access this tool directly by visiting www.medicare.gov on the web. Under "Medicare Prescription Drug Coverage," select "Formulary Finder." The formularies are also available through Epocrates® on a hand-held PDA.
- "Exceptions and Appeals Contact Information"—In most cases, providers should follow the routine procedures of each Medicare drug plan for prior authorizations, formulary exceptions, and appeals, including the contact information provided by the plan. However, providers can select "Exceptions and Appeals Contact Information" to find the contact information for Medicare drug plans for the following situations:
 - The plan's regular processes for requesting prior authorization, an exception, or an appeal don't work.
 - You need to contact a plan after normal business hours.
- "Medicare Prescription Drug Coverage Provider Communication Form"—A pharmacist can use this form to communicate information to a physician when a requested drug isn't covered by a plan because the drug is subject to a coverage rule or isn't on the plan's formulary. The form prompts the physician to take an appropriate action.



- “Model Coverage Determination Request Form for Physicians”—You can use this form to request a coverage determination (including an exception) from a Medicare drug plan. A prescribing physician can request an exception on behalf of his or her patient if the physician believes the patient needs a drug that isn’t on the plan’s formulary or if the patient can’t satisfy a coverage rule, such as prior authorization or a quantity limit. For a formulary or tiering exception, the prescribing physician must provide the Medicare drug plan with a statement explaining the medical reason for the request.

For more information about a Medicare drug plan’s formulary, or its process for appeals or exceptions, you can call the plan directly. You can also visit www.cms.hhs.gov/MedPrescriptDrugApplGriev/ on the web to view more detailed information on Medicare prescription drug grievances, coverage determinations, exceptions, appeals, and other guidance.